

## LWSD Intramural Registration

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Male or Female

Intramural sports will begin the week of May 3<sup>rd</sup>. They will meet on Monday, Tuesday, Thursday and Friday's from 3:00 – 4:45pm. All sports are co-ed, open to all grades and all students remote and in person.

We will be hosting two, two-week sessions. **Students will be limited to participating in one session only.** We have limited capacity based on the number of coaches we have. Session one will have a max number of 160 students and session two will have a max number of 140 students.

The expectation is students will return home after the end of in-person instruction and return to school to participate in intramurals.

If your student rides the bus, they have the option of transportation home. These students would be allowed to remain on campus for asynchronous learning and support time, and the 30 mins after the school day ended. Students would remain in building, social distanced with masks and work on asynchronous assignments or get help from their teachers via teams.

An activity bus will take them home at the end of the intramural session.

**Payments and registration are due Friday 4/28 by the end of the school day.**

**PLEASE SELECT THE INTRAMURAL SESSION AND THE SPORT OF YOUR CHOICE.**

### **Session One: May 3 – May 14 (2 weeks)**

Badminton/Tennis  
Volleyball  
Cross Country/Track (walkers included)  
Kickball

### **Session Two: May 17 – May 28 (2 weeks)**

Badminton/Tennis  
Volleyball  
Cross Country/Track (walkers included)  
Kickball

**INTRAMURAL ATHLETIC INSURANCE WAIVER**

For any student participating in school sports or any other school activity parents are encouraged to have some insurance in place prior to the athletic season. I understand that the Lake Washington School District does not provide accident insurance. Check with the school office for student insurance:

**CHECK ONE**

I have purchased one of the accident insurance plans offered by Myers/Stevens/Toohey available in the school office.

OR

I have other accident insurance coverage.

OR

I do not have insurance and I will assume responsibility for payment of expenses incurred in the event of injury to my son/daughter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian)

PARENT/GUARDIAN PERMISSION \*\* WARNING: By its nature, participation in INTRAMURALS includes a risk of injury, this may range in severity from minor to long-term catastrophic. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understand this warning. PARENTS AND/OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING MAY NOT TURN OUT FOR INTRAMURALS. I hereby give my consent for \_\_\_\_\_ to participate during the current school year in the following intramural sports.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ (Student Signature done on site).

INTRAMURAL REGISTRATION/EMERGENCY CONTACT FORM

Student Name \_\_\_\_\_ M or F Grade \_\_\_\_\_

D.O.B. \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address City Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian Phone (Day) \_\_\_\_\_

Parent/Guardian Phone (Cell) \_\_\_\_\_

Parent/Guardian Phone (Day) \_\_\_\_\_

Parent/Guardian Phone (Cell) \_\_\_\_\_

Email address \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Group/ID# \_\_\_\_\_

People who will temporarily care for your student if you cannot be reached:

1. Name \_\_\_\_\_  
(Phone) \_\_\_\_\_

2. Name \_\_\_\_\_  
(Phone) \_\_\_\_\_

HEALTH INFORMATION: List any significant or on-going health conditions relevant to school or athletics (severe allergies/epi pen, understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment. transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date